

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012013

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 14

FILED MAR 26 1962

VS 300
Rev. 4/59

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEW MADRID</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>NEW MADRID</u> c. CITY OR TOWN <u>NEW MADRID</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>255 LINE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>JACKSON</u> Last <u>SMITH</u>		4. DATE OF DEATH Month <u>3</u> Day <u>16</u> Year <u>62</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/24/81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAR MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
13a. FATHER'S NAME <u>C. J. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apoplexy, Cerebral Arteriosclerosis, chronic</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>?</u> DUE TO (c) <u>?</u>		17. INFORMANT <u>Anna Smith</u> Address <u>New Madrid, Mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rhacopharyngitis, Viral</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury, in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year <u>—</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1949</u>	20f. CITY, TOWN, OR LOCATION <u>New Madrid</u> COUNTY <u>New Madrid</u> STATE <u>Mo.</u>		
21. I attended the deceased from <u>1949</u> to <u>1962</u> and last saw him live on <u>15 Mar 1962</u> . Death occurred at <u>2 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Louis J. Smith</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>New Madrid Mo</u>	
22c. DATE SIGNED <u>17 Mar 62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial -</u>	
23b. DATE <u>3/17/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN</u>	
23d. LOCATION (City, town, or county) <u>NEW MADRID, MO.</u>		23e. DATE RECD. BY LOCAL REG. <u>3-17-62</u>	
23f. FUNERAL DIRECTOR <u>RICHARDS FUNERAL HOME, INC.</u> ADDRESS <u>NEW MADRID, MO.</u>		23g. REGISTRAR'S SIGNATURE <u>Jay Hedgepeth</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

BY AFFIDAVIT OF

Embalmer's Statement on Reverse Side

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leo H. Huppert

Licensed Embalmer No. 3803

P. O. Address

New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.